DOCUMENT RESUME

ED 149 284 CG 012 145

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TITLE The Influence of Socio-Economic Status and Age on Diagnosis and Service Recommendations for Psycho-Educationally Handicapped Children.
NOTE 5p.

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS Age; *Bias; Certification; *Educational Diagnosis; Elementary Education; Handicapped Children; *Labeling (of Persons); *Psychoeducational Processes; Research Projects; *School Psychologists; *Socioeconomic Status

ABSTRACT

With the advent of the Education for All Handicapped Children Act, (P.L. 94-142), diagnostic evaluations and recommendations for service should proceed on a logical and unbiased basis. Studies from the past decade have suggested that there is considerable bias in diagnostic labeling due to socioeconomic status and age of the child. In turn this often predicts the services offered by the schools. A drawback of the previous research has been that although bias was easily demonstrated, the initiating personnel could not be traced. In the current study, 50 certified school psychologists were randomly assigned to four experimental conditions and presented case material with varying age and socioeconomic status. They were then asked to make recommendations concerning placement, therapeutic, and educational services, and degree of the child's various problems. Each group recognized the need and there was no evidence that recommendations were biased. Although generalization on a national basis should be cautious, this study suggested that certified school psychologists were not the origin of the bias noted in other studies. This implies that: (1) school districts could benefit from using only certified school psychologists; and (2) bias comes when services are rendered, not when they are recommended. (Author)

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ABSTRACT

With the advent of the Education for All Handicapped Children Act, P.L. 94-142, Diagnostic Evaluations and recommendations for service should proceed on a logical and unbiased basis. Studies from the past decade have suggested that there is considerable bias in diagnostic labeling due to socio-economic status (S.E.S.) and age of the child. In turn this often predicts the services offered by the schools. A drawback of the previous research has been that although bias was easily demonstrated, the initiating personnel could not be traced. In the current study, 50 Certified School Psychologists were randomly assigned to four experimental conditions and presented case material with varying age and socio-economic status. They were then asked to make recommendations concerning placement, therapeutic, and educational services, and degree of the child's various problems. Each group recognized the need and there was no eivdence that recommendations were biased. Although generalization on a national basis should be cautious, this study suggested that Certified School Psychologists were not the origin of the bias noted in other studies. This implies that 1). School districts could benefit from using only Certified School Psychologists, and 2). That bias comes when services are rendered not when they are recommended.

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(1) Title of paper:

The influence of socio-economic status and age on diagnosis and service recommendations for psycho-educationally handicapped children.

(2) Problem:

In the past decade studies have suggested that children often receive diagnostic labels and psycho-educational services based not on need but due to extraneous factors such as race, socio-economic status of the family, age,and/or sex. What has remained unclear from the research is the relative importance of each factor. Also, there has been no differentiation between diagnosis and recommendation for service, and the delivery of those services. These deficiencies generally can be attributed to the methodological designs used. The present study is an attempt to separate the influence of the numerous variables causing bias. Specifically, the purpose of this study was to determine whether or not certified school psychologists differentially assign psycho-educational services on the basis of socio-economic status of the family and age when other extraneous factors are held constant.

(3) Subjects:

A subject population of 74 certified school psychologists in the state of Utah were identified through the State Board of Education and a survey of District Superintendents. Of the 74 school psychologists, 50(68%) agreed to participate and were randomly assigned to treatment conditions

(4) Procedure:

All subjects were presented a typical psychological case report without recommendations in which all information concerning measured achievement and intelligence, observed behavior, and previous record were held constant. The IQ, achievement level, and behavior were taken from state guidelines and reflected both a child with a psychological handicap and diagnostic

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ambiguity. Only the age of the child and socio-economic status of his report were varied. Each subject was randomly assigned to one of the four experimental conditions (Age 7,SES high; Age 7,SES low; Age 13;SES high; or Age 13,SES low), and was asked to review the report.

Upon reading the case report the subjects were instructed to suggest a tentative diagnostic label, type of classroom placement, psychotherapeutic, and educationally relevant services, and rate individually their perceptions of the child's general achievement, reading efficiency, emotional/behavioral problem, and intellectual efficiency on 5 point Likert scales. Dependent measures regarding placement, therapeutic, and educational services were developed from statements rank ordered to reflect from less to more drastic interventions. One hundred percent agreement was obtained from independent pairs of psychological and educational professionals as a measure of reliability of the rankings. Depending on whether the obtained scales reflected ordinal or nominal data, either Mann-Whitney U or Chi^2 statistics were used to make inferential comparisons. An alpha = .05 was used throughout.

(Ethical considerations and APA guidelines were reviewed throughout this research by a five person dissertation committee).

(5) Results:

The results of this experiment did not confirm the proposal that certified school psychologists will use extraneous factors of socio-economic status of the family or age to make psychotherapeutic and educational service recommendations. Of the 14 inferential comparisons made none were found to be significant in the direction of biased recommendations. A secondary hypothesis to confirm that the case report in fact presented a child perceived as in need of special services was substantiated ($p. < .01$).

(6) Implications and Conclusions:

It was determined from this study that certified school psychologists were correctly perceiving the deficiency of the child and were making cogent

recommendations for educating the child. This suggests that the previous research in the area of rendered psycho-educational services to handicapped children may have incorrectly weighted the importance of socio-economic status and age as possible biasing factors. The finding that certified school psychologists, graduate trained in testing, diagnosis, and service delivery do make cogent recommendations for placement and services has more important implications. First, continued use by school districts of personnel without the minimum qualifications of a certified school psychologist may be a considerable source of bias. Secondly, the reported bias in rendered services may come not when recommendations are requested, but when those recommendations must be administratively or educationally delivered With the advent of the Education of All Handicapped Children Act, it would seem important for states to insure that both trained and certified professionals do the diagnostic work while augmenting the service delivery system.

Generalization of these findings beyond the jurisdiction of Utah laws and regulations should be done cautiously. However, in states where minimum certification laws and legal definitions of handicapping conditions approximate those operative in Utah, a much broader application may apply. The reader should be aware that the issue of elimination of biased service delivery to psychologically and educationally handicapped children can proceed rationally only when specific determinants of bias within a system are identified.